

IRO REVIEWER REPORT TEMPLATE -WC

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Notice of Independent Review Decision

Dallas, TX 75287

Date notice sent to all parties:

March 24, 2016

IRO CASE #:

XXXXXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic pain management program 80 hours 97799

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR
OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

Board Certified Chiropractic Examiner

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]: The patient a xxxx year old xxxx who apparently was injured on xxxx with an injury to his left knee and leg. The records indicate that a previous MRI showed a partial thickness tear of the ACL, with mild lateral patellar and subluxation. The patient was taken to surgery for an ACL reconstruction, partial medial meniscectomy that was apparently performed on xxxxx. 18 sessions of postop physical therapy were provided as well as 4 IPT sessions and 60 hours of work hardening. A physical performance exam of xxxx, stated the patient had improved due to the work hardening program. An xxxx Functional Capacity Evaluation stated the patient was no longer retained in his position as a xxxxxx. He had not been working and had not been employed at the time of evaluation.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

On xxxx, a utilization review report stated a chronic pain management program for 80 hours was not medically necessary, as the patient improved with work hardening. The required PDL was medium and the job demand level was sedentary. Therefore, there was difference in the demand levels noted and the patient had gotten worse as per the current FCE from the chronic pain program. However, there was no documentation of worsening and due to conflicting job demand levels, the recommendation was for non-certification.

On xxxxx, a utilization review report stated the requested chronic pain management program was not medically necessary as per the guidelines, at the conclusion and subsequently, neither re-enrollment in repetition of the same or similar rehab program such as work hardening, would be medically warranted for the same condition or injury. The previous determination is upheld.

The guidelines state at the conclusion and subsequently, neither re-enrollment in repetition of the same or similar rehabilitation program (e.g. work hardening, work conditioning, out-patient medical rehabilitation) is medically warranted for the same condition or injury (with possible exception for a medically necessary organized detox program).

It is the opinion of this reviewer that the request for chronic pain management program 80 hours is not medically necessary.

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**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR
OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

☐ **X MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE
IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**